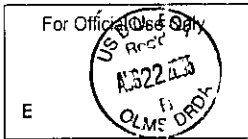


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-10378	2. Fiscal Year Covered From 01/01/2004 Through: 12/31/2004
3. Name and address of person filing. Name KAREN S GELGOFF P.O. Box, Bldg., Room No., if any Apt. W1023 Street 3003 Van Ness Street N.W. City Washington State DC ZIP Code + 4 20008	4. Name, file number, and address of labor organization. Name AFSCME (Am. Fed. of State, County & Municipal Employees) Labor Organization File Number 000-289 P.O. Box, Building and Room Number, if any — Street 1625 L St. NW City Washington, DC State DC ZIP Code + 4 20036
5. Position in labor organization. Ass't. Director, Retiree Program	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)	
Signed Karen S. Gelgoff	On 8/8/05 202-429-1259 (Office) Date Telephone Number

Name of Person Filing <u>Karen S. Gilgoff</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Kelly Press, Inc.</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>1701 Cabin Branch Dr.</u> City <u>Hyattsville</u> State <u>Maryland</u> ZIP Code + 4	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <u>AFSCME purchases printing services from this vendor (sometimes, specifically for my dept.)</u> 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. <u>Received holiday gift (iron mold science)</u> 12.b. Amount. <u>\$41.28</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing <u>Karen S. Gilgoff</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Professional Graphics</u> Trade Name, if any: P.O. Box, Bldg. Room No., if any Street <u>9550 Lynn Buff Court</u> City <u>Laurel</u> State <u>Maryland</u> ZIP Code + 4	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <u>APSCOE purchases printing services from this vendor (sometimes, specifically for my dept.)</u> 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest had or income received. <u>Lunch at McCormick + Schmick's restaurant on K St. NW in Wash. DC</u> 12.b. Amount. <u>\$82.57</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing <u>Karen S. Gilgoff</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Professional Graphics</u> Trade Name, if any: P.O. Box, Bldg. Room No., if any Street <u>9550 Lynn Burt Court</u> City <u>Laurel</u> State <u>Maryland</u> ZIP Code + 4	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <u>At some purchases printly services from this order (sometimes, specifically for my dept.)</u> <hr/> 11.b. Approximate dollar value of such dealing. <hr/> 12.a. Nature of interest held or income received. <u>Received holiday gift (card)</u> <hr/> 12.b. Amount. <u>\$10.60</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.